(b) if so, what is Government's re-action in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) and (b) A news item quoting Dr. Donald Ross, a British Cardiac Surgeon, as having stated that Cholesterol is not a coronary risk factor has appeared in a newspaper.

Major scientific bodies like WHO; International Society and Federation of Cardiology; European Society of Cardiology and British Cardiac Society continue to recognise cholesterol as a major coronary risk factor. The ICMR is of the view that till compelling new evidence to the contrary is available, high level Of blood cholesterol should continue to be recognised as harmful to heart.

Blood donors affected by AIDS

3076. DR. SANJAYA SINH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that 10 per cent of the professional blood donors in Vijayawada in Andhra Pradesh are affected by the AIDS; and

(b) if so the details thereof and the steps Government propose to take in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) and (b) Information is being collected and with be laid on the Table Of the House.

Experimental test of Kala Azar medicines

3077. PROF. SAURIN BHATTA-•CHARYA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have con-ducted investigations to find out proven medicines as were prescribed by Indian Medical Practitioner in the forties to arrest the epidemic of Kala-azar;

(b) whether some foreign firms have been offering their medicines on experimental basis to deal with the Kala-azar in Bihar and other places:

(c) whether Government would take into consideration the availability of Indian Medicines before allowing any foreign firms/organisation to experiment with the health of Indian masses; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) Dr. U. N. Brahmachari had formulated a drug called urea atibamine for treatment of Kala-Azar in 1930s. The drug was manufactured by Bengal Immunity Co., Calcutta, under supervision of Dr. Brahmachari. After his death the manufacture of urea atibamine was stopped because nobody know its formula. The ICMR had taken the initiative to get urea atibamine analysed to decipher the formula. Samples of the drug were sent to the Central Drug Research Institute, Lucknow for analysis. The report indicated that the compound was decomposed. Therefore, it has not been possible to find the composition of Dr. Brahmachari's medicine for Kala-Azar.

(b) A project for conducting clinical trial was granted to compare the; effectiveness of aminosidine injection alone or combined with sodium stiba
gluconate and treatment with sodium stibo gluconate alone for treatmen
of Kala-Azar and spitalised patient?

(c) and (d) The principal manufacturing unit of sodium s-tibo gluconate drug have been advised to increase the production of this drug for treatment of Kala-Azar.

Promotion of Health

3078. SHRI M. VINCENT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that in developed countries, more attention is being given to promotion of health than to medical services;

(b) whether there is any proposal to introduce a nutrition programme as done by the Tamil Nadu Government in the nutritive noon meal scheme and the free nutritive weaning food scheme so that health care is covered up to the poor people to an extent; and

(c) if so, what are the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) The Government is aware that prevention of diseases and promotion of health deserve serious attention.

(b) and (c) There is at present no concrete proposal to implement a Mid-day Meal Programme for elementary school children throughout the ■ country. However, to improve average consumption o'f nutrients in the vulnerable groups, Government of India have initiated a number of programmes:

(i) Supplementary feeding programme under the scheme of Integrated Child Development Services (ICDS) is implemented to fill the critical calorie gap in pre-school children and women during pregnancy and lactation.

(ii) Vitamin A distribution programme to prevent Vitamin 'A' deficiency in pre-school children (l-5 years).

(iii) Distribution of Iron and Folic Acid Tablets programmes (Anaemia, Prophylaxis programme):— distribution of Iron and Folic Acid Tablets to pregnant and lactating women and children upto 10 years and to family planning acceptors.

Thalassemia genes

3079. SARDAR JAGJIT SINGH AURORA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that there are 25 million of healthy carriers of thalassemia gene;

(b) whether it is also a fact that there every year nearly 9,000 children are born with thalassemia major and die mostly undiagnosed due to poor or non-availability of treatment facilities;

(c) what steps are being taken to create awareness about this dreaded disease and screening of high risk groups to prevent birth of thalassemia major children;

(d) whether Government ere aware that the part of the treatment is blood transfusion and whether any steps are being taken to strengthen the blood banks for this purpose; and

(e) whether any drugs are available in the country; if not, whether any steps have been taken to import such drugs?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) A number of studies on the prevalence of thalassemis in various